

NON-PATENT LITERATURE

File 155:MEDLINE(R) 1951-2006/Jun 05
(c) format only 2006 Dialog
File 5:Biosis Previews(R) 1969-2006/May W4
(c) 2006 The Thomson Corporation
File 73:EMBASE 1974-2006/Jun 05
(c) 2006 Elsevier Science B.V.
File 94:JICST-EPlus 1985-2006/Mar W1
(c) 2006 Japan Science and Tech Corp(JST)
File 144:Pascal 1973-2006/May W2
(c) 2006 INIST/CNRS
File 35:Dissertation Abs Online 1861-2006/May
(c) 2006 ProQuest Info&Learning
File 65:Inside Conferences 1993-2006/Jun 02
(c) 2006 BLDSC all rts. reserv.
File 431:MediConf: Medical Con. & Events 1998-2004/Oct B2
(c) 2004 Dr. R. Steck
File 8:Bi Compendex(R) 1970-2006/May W4
(c) 2006 Elsevier Eng. Info. Inc.
File 6:NTIS 1964-2006/May W3
(c) 2006 NTIS, Intl Cpyrght All Rights Res
File 34:SciSearch(R) Cited Ref Sci 1990-2006/May W4
(c) 2006 Inst for Sci Info
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 1998 Inst for Sci Info

Set	Items	Description
S1	145632	MAGNET OR MAGNETS
S2	18202	GUIDEWIRE? ? OR GUIDE()WIRE? ?
S3	1613074	TUBE OR TUBES OR TUBULAR OR TUBELIKE OR TUBING OR CATHETER? ? OR PIPE OR PIPES OR PIPING
S4	2184026	VINCULUM OR VINCULA OR CHORD? ? OR CORD? ? OR STRING OR ST- RINGS OR SUTURE OR SUTURES OR BAND? ?
S5	3505975	FISTULA? ? OR HOLE OR HOLES OR THROUGHOLE? ? OR BYPASS OR PASSAGE? ? OR PATH? ? OR CHANNEL? ? OR DUCT? ?
S6	194759	ANASTOMOS?? OR ANASTAMOS??
S7	33	MAGNETIC()COMPRESSION()ANAST?MOS??
S8	12	S7/2003:2006
S9	21	S7 NOT S8
S10	16	RD (unique items)
S11	16	Sort S10/ALL/PY,A [all by the inventor]
S12	0	S1 AND S2 AND S3 AND S4 AND S5:S6
S13	200	S1 AND S4 AND S5:S6
S14	0	S2 AND S13
S15	19	S3 AND S13
S16	19	S15 NOT S7
S17	18	RD (unique items)
S18	2	S17/2003:2006
S19	16	S17 NOT S18
S20	16	Sort S19/ALL/PY,A
S21	14	S1 AND S4 AND S6
S22	13	S21 NOT (S7 OR S15)
S23	11	RD (unique items)
S24	11	Sort S23/ALL/PY,A

20/7/7 (Item 7 from file: 6)

DIALOG(R)File 6:NTIS

(c) 2006 NTIS, Intl Cpyrght All Rights Res. All rts. reserv.

1541782 NTIS Accession Number: NTN90-0975

Positioning X-ray Film with String and Magnets : End markers contain
magnets and lead for radiographic identification and positioning

(NTIS Tech Note)

National Aeronautics and Space Administration, Washington, DC.

Corp. Source Codes: 011249000

Nov 90 1p

Languages: English

Journal Announcement: GRAI9102

FOR ADDITIONAL INFORMATION: Contact: NASA Technology Transfer Div., PO
Box 8757 BWI Airport, MD 21240; (301) 621-0100 ext 241. Refer to
MFS-29448/TN.

NTIS Prices: Not available NTIS

Country of Publication: United States

This citation summarizes a one-page announcement of technology available for utilization. Yet another of several related techniques has been devised to position x-ray film in normally inaccessible places for the inspection of welded joints. In this case, the film is to be placed behind a weld joint in a tubelike structure. To the ends of a strip of x-ray film are attached markers made partly of lead and partly of magnets. String is attached to holes in the markers and used to pull the film through the structure to the approximate position of the joint to be inspected. Magnets on the outside of the structure are then used to pull the film into the precise position. The lead in the markers is easy to identify in the radiographic images. In case the correct position of the film cannot be determined from the outside, the position can be determined from the locations of the markers in radiographic images and adjusted iteratively during a short sequence of x-ray shots. Thus, fewer shots are required than in a random trial-and-error sequence, and the resulting images are more accurate.

24/7/1 (Item 1 from file: 434)

DIALOG(R)File 434:SciSearch(R) Cited Ref Sci

(c) 1998 Inst for Sci Info. All rts. reserv.

01888435 Genuine Article#: EL204 Number of References: 0

(NO REFS KEYED)

Title: NON- SUTURE MICRO-VASCULAR ANASTOMOSIS USING MAGNET RINGS -
PRELIMINARY-REPORT

Author(s): OBORA Y; TAMAKI N; MATSUMOTO S

Corporate Source: KOBE UNIV,SCH MED,DEPT NEUROL SURG/KOBE//JAPAN/

Journal: SURGICAL NEUROLOGY, 1978, V9, N2, P117-120

Language: ENGLISH Document Type: ARTICLE

24/7/2 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2006 Elsevier Science B.V. All rts. reserv.

01289991 EMBASE No: 1979010485

Sutureless anastomoses in surgery of the gastro-intestinal tract with
and without steady magnetic field (an experimental study)

Kanshin N.N.; Permyakov N.K.; Dzhlagoniya R.A.; et al.

N.R. Sklifosovsky Res. Inst. Emergency Med. Treatm., Moscow Russia

Arkhir Patologii (ARKH. PATOL.) (Russia) 1978, 40/8 (56-61)

CODEN: ARPTA

DOCUMENT TYPE: Journal

LANGUAGE: RUSSIAN SUMMARY LANGUAGE: ENGLISH

Experimentally in 52 dogs, sutureless gastro-duodenal and ceco-jejunal
side-to-side anastomoses were done by means of devices proposed by
N.N.Kanshin for connecting void organs, and the features of accretion of
the organ walls under the effect of both simple mechanical compression and
that with the help of a steady magnetic field were studied. In both
variants the process of anastomosis formation completes at 6-7 days after
the operation and natural elimination of the compressing elements occurs at
7-8 days. Morphological examinations of sutureless anastomoses formed
under a magnetic field or without it revealed no differences between them.
The experimental results demonstrated a number of significant advantages of
the sutureless methods of tissue connection over the traditional manual
intestinal suture.

24/7/3 (Item 3 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

05589158 PMID: 7280943

Clinical applications of magnetic rings in colorectal anastomosis.

Jansen A; Brummelkamp W H; Davies G A; Kloppe P J; Keeman J N

Surgery, gynecology & obstetrics (UNITED STATES) Oct 1981, 153 (4)
p537-45, ISSN 0039-6087--Print Journal Code: 0101370

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Based upon experiments on animals, an anastomotic apparatus, consisting
of two magnetic rings of polymer bonded, rare earth cobalt magnets

embedded in polyester, was developed. There are three types of polyester device with diameters of 25, 28, and 30 millimeters, respectively. The force between the magnets varied between 2.5 Newtons at 4 centimeter separation and 11.8 Newtons at union. For the low colorectal anastomosis, a magnet holder, connecting rod and spherical cap were developed. The aim of the technique is a quick restoration of the underbroken submucosal intestinal cylinder by optimal circular apposition of the submucosal layer. The working mechanism is based upon progressive compression, leading to necrosis of the intermediate mucosal and submucosal layers by increasing the magnetic force while intestinal healing takes place. After seven to 12 days, the magnets cut through the disappear from the anastomotic region by intestinal peristalsis. From the initial series of 21 patients, 11 resections of the sigmoid colon and nine low anterior resections were performed. Dehiscence of the suture line was noted in two instances. One patient required reoperation. The other patient had a small area of dehiscence at the suture line after evacuation of an infected hematoma with a further uncomplicated course. One patient died on the third postoperative day of recurrent myocardial infarction. In the other 18 patients, primary intestinal healing was demonstrated roentgenologically and sigmoidoscopically.

Record Date Created: 19811122

Record Date Completed: 19811122

24/7/5 (Item 5 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

07538636 PMID: 3424555

[Use of permanent magnets in suture-free anastomoses]

Primenenie postoiannykh magnitov v besshovnykh anastomozakh.

Myshkin K I; Dolgushin N E; Zavalev V I

Vestnik khirurgii imeni I. I. Grekova (USSR) Jul 1987, 139 (7)

p47-51, ISSN 0042-4625--Print Journal Code: 0411377

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: RUSSIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The authors have performed 25 experiments in dogs for the creation of compressive intestinal anastomoses with the help of permanent magnets. "End-to-end" and "side-to-side" anastomoses were formed on the large and small intestines. The magnets were eliminated together with necrotized tissues in the natural way on the 4-5th and 9-10th days after operation. Results of the application of "magnet" anastomoses in clinical practice (6 patients) are described.

Record Date Created: 19880212

Record Date Completed: 19880212

24/7/6 (Item 6 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

09033987 PMID: 1750237

[A goal-oriented local approach to the prevention of postoperative suppurative complications]

Tselenapravlenniy mestnyy podkhod k profilaktike posleoperatsionnykh gnoinykh oslozhnenii.

Kanshin N N; Volenko A V; Iakovlev S I

Vestnik Akademii meditsinskikh nauk SSSR (USSR) 1991, (9) p24-7,

ISSN 0002-3027--Print Journal Code: 7506153

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: RUSSIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

A goal-oriented local approach to the prevention of postoperative purulent complications includes the use of compression suture devices to establish intestinal anastomoses and a complex of measures aimed at preventing surgical wound suppurations. To form compression anastomoses, use was made of the original AKA-2, AKA-4, IZhKA and SPTU devices fitted

with compression clamps and of magnet facilities. The complex of measures to prevent postoperative wound suppurations includes optimal methods of laparotomy wound suture and the use of antibacterial suture materials, bathing of the wound by pulsed douche under pressure, local antibacterial prophylaxis by new dosage forms, preventive aspiration lavage and drainage of the wounds. Comparative clinical investigations carried out in more than 3,000 patients have demonstrated the effectiveness of the preventive methods under consideration and a decrease of the rate of postoperative wound suppurations from 11.7 to 2.3%. The rate of anastomosis failure amounted to 2.7%.

Record Date Created: 19920121

Record Date Completed: 19920121

24/7/8 (Item 8 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

(c) 2006 Inst for Sci Info. All rts. reserv.

03267677 Genuine Article#: NR460 Number of References: 5

Title: INFLAMMATORY REPAIR PROCESSES FOLLOWING URETER IMPLANTATION INTO THE BLADDER USING MECHANICAL FORCE OF PERMANENT- MAGNETS - AN EXPERIMENTAL-STUDY

Author(s): LUBASHEVSKII VT; SHABANOV AM; VASILEV GS

Corporate Source: TVER MED INST,DEPT PATHOANAT/TVER//RUSSIA/

Journal: BULLETIN OF EXPERIMENTAL BIOLOGY AND MEDICINE, 1993, V116, N11 (NOV), P1443-1445

ISSN: 0007-4888

Language: ENGLISH Document Type: ARTICLE

24/7/9 (Item 9 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

09911172 PMID: 8312560

[The inflammatory-reparative processes in the implantation of the ureter into the bladder by using the mechanical forces of permanent magnets]

Vospalitel'no-reparativnye protsessy pri implantatsii mochetchnika v mochevoi puzyr' s pomoshch'iu mekhanicheskikh sil postoiannykh magnitov.

Lubashevskii V T; Shabanov A M; Vasil'ev G S

Biulleten' eksperimental'noi biologii i meditsiny (RUSSIA) Nov 1993, 116 (11) p550-2, ISSN 0365-9615--Print Journal Code: 0370627

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: RUSSIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

An anastomosis between the ureter and the bladder using ring magnets was first made in our and foreign countries, Magnetic-compressive systems, based on alloy of samarium and cobalt (CS-37), were developed, taking into account their practical use in pediatric surgery. Morphological studies showed that the magnetic compressive procedure for connecting the ureter with the bladder has some advantages.

Record Date Created: 19940324

Record Date Completed: 19940324

File 20:Dialog Global Reporter 1997-2006/Jun 05
 (c) 2006 Dialog

File 781:ProQuest Newsstand 1998-2006/Jun 05
 (c) 2006 ProQuest Info&Learning

Set	Items	Description
S1	73803	MAGNET OR MAGNETS
S2	2001	GUIDEWIRE? ? OR GUIDE()WIRE? ?
S3	597271	TUBE OR TUBES OR TUBULAR OR TUBELIKE OR TUBING OR CATHETER? ? OR PIPE OR PIPES OR PIPING
S4	1482683	VINCULUM OR VINCULA OR CHORD? ? OR CORD? ? OR STRING OR ST- RINGS OR SUTURE OR SUTURES OR BAND? ?
S5	3241711	FISTULA? ? OR HOLE OR HOLES OR THROUGHOLE? ? OR BYPASS OR PASSAGE? ? OR PATH? ? OR CHANNEL? ? OR DUCT? ?
S6	302	ANASTOMOS?? OR ANASTAMOS??
S7	0	MAGNETIC()COMPRESSION()ANAST?MOS??
S8	2	S1(S)S4(S)S6
S9	2	S1(S)S6 [duplicates]
S10	43	S1(S)S4(S)S5
S11	1	S2:S3(S)S10
S12	1	S11 NOT S9
S13	40	S10 NOT (S9 OR S11)
S14	37	RD (unique items)
S15	18	S14/2003:2006
S16	19	S14 NOT S15
S17	19	Sort S16/ALL/PD,A [not relevant]

File 149:TGG Health&Wellness DB(SM) 1976-2006/May W2
 (c) 2006 The Gale Group

File 148:Gale Group Trade & Industry DB 1976-2006/Jun 02
 (c)2006 The Gale Group

File 16:Gale Group PROMT(R) 1990-2006/Jun 02
 (c) 2006 The Gale Group

File 160:Gale Group PROMT(R) 1972-1989
 (c) 1999 The Gale Group

File 621:Gale Group New Prod.Annou.(R) 1985-2006/Jun 02
 (c) 2006 The Gale Group

File 98:General Sci Abs 1984-2005/Jan
 (c) 2006 The HW Wilson Co.

File 369:New Scientist 1994-2006/May W3
 (c) 2006 Reed Business Information Ltd.

File 370:Science 1996-1999/Jul W3
 (c) 1999 AAAS

File 441:ESPICOM Pharm&Med DEVICE NEWS 2006/Dec W4
 (c) 2006 ESPICOM Bus.Intell.

File 9:Business & Industry(R) Jul/1994-2006/Jun 01
 (c) 2006 The Gale Group

Set	Items	Description
S1	60181	MAGNET OR MAGNETS
S2	5749	GUIDEWIRE? ? OR GUIDE()WIRE? ?
S3	614261	TUBE OR TUBES OR TUBULAR OR TUBELIKE OR TUBING OR CATHETER? ? OR PIPE OR PIPES OR PIPING
S4	619986	VINCULUM OR VINCULA OR CHORD? ? OR CORD? ? OR STRING OR ST- RINGS OR SUTURE OR SUTURES OR BAND? ?
S5	2551243	FISTULA? ? OR HOLE OR HOLES OR THROUGHOLE? ? OR BYPASS OR PASSAGE? ? OR PATH? ? OR CHANNEL? ? OR DUCT? ?
S6	2362	ANASTOMOS?? OR ANASTAMOS??
S7	0	MAGNETIC()COMPRESSION()ANAST?MOS??
S8	0	S1(S)S2(S)S3(S)S4(S)S5:S6
S9	2	S1(S)S6
S10	2	S4(S)S9
S11	42	S1(S)S4(S)S5
S12	6	S2:S3(S)S11
S13	6	S12 NOT S9
S14	5	RD (unique items) [not relevant]
S15	34	S11 NOT (S9 OR S12)
S16	28	RD (unique items)
S17	10	S16/2003:2006
S18	18	S16 NOT S17
S19	18	Sort S18/ALL/PD,A [not relevant]

10/7/1 (Item 1 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2006 The Gale Group. All rts. reserv.
15476422 SUPPLIER NUMBER: 97842189 (THIS IS THE FULL TEXT)
Novel Magnetic Technology for Bypass Graft Surgery Selected for Public
Television Program; Ventrica Technology Showcased in American Medical
Review with Morley Safer.
Business Wire, 0429
Feb 19, 2003
TEXT:

Business Editors/Health & Medical Writers
FREMONT, Calif.--(BUSINESS WIRE)--Feb. 19, 2003

Ventrica Inc., a privately-held medical device company, announced today that the company's magnetic technology, the MVP(R) (Magnetic Vascular Positioner), which allows for the automated attachment of blood vessels during heart **bypass** surgery, has been chosen as the subject of a "special presentation to honor significant contributions to healthcare" by the American Medical Review, a series produced for Public Broadcasting and hosted by CBS reporter, Morley Safer, aimed at informing and educating consumers and the medical industry about revolutionary medical products, services and issues that most affect them.

The MVP(R) technology utilizes "super- magnets " to create a revolutionary and proprietary method for creating **bypass** connections (**anastomoses**) between blood vessels. The device has the potential to advance the field of coronary **bypass** surgery by making the connection of **bypass** graft vessels to the heart quick, easy and more uniform than current techniques, which feature the traditional method of hand-sewing vessels together using fine needles and thread (**sutures**). The Ventrica technology may also allow surgeons to perform **bypass** graft surgery without the need to crack open the chest or without the need for the heart-lung machine.

Ventrica was "hand-picked as a featured guest because of its commitment to promoting progress in the field of health and medicine," according to AMR producers. The series is fed via satellite to 345 Public Television Stations nationwide. It is also sent to more than 200 cities and 127 countries by a news and information service called Worldnet, operated by the United States government. The program is provided to wire services serving 211 U.S. news stations, as well.

Coronary artery disease is a major health care problem worldwide and is the leading cause of death in the United States. Approximately 700, 000 **bypass** procedures are performed each year. Current methods used in coronary **bypass** surgery can be time consuming, technically demanding, and have limited the ability for minimally invasive **bypass** surgery to be routinely performed due to the constraints of manually suturing blood vessels together.

The Ventrica MVP(R) device may reduce many of the challenges that are currently limiting minimally invasive **bypass** surgery such as space constraints, lengthy procedure times, and ease of use. Some of these same advantages may exist in conventional CABG procedures as well. If successful, the Ventrica technology may be able to marry the superior results of CABG surgery with the less-invasive approach of **catheter-based** therapies, such as balloon angioplasty and stents.

"We are pleased to have been selected for the American Medical Review series," Ventrica President and CEO, Mark Foley, said. "This program provides a great forum for patients to become more familiar with breakthrough medical advances, such as ours, which could have a significant impact on the way that they are treated in the future."

Ventrica Inc. was founded in 1998 to develop technologies, which advance the treatment of heart disease. The aim of the company is to reduce the invasiveness of CABG surgery while preserving the superior long-term success of the procedure. The pursuit of this goal has yielded what the company believes to be breakthrough technology for automating the anastomotic connection of blood vessels.

Any statements made regarding the Company's anticipated revenues, earnings, market shares, and regulatory approvals are forward-looking statements, which are subject to risks and uncertainties. The statements made in this document have not been evaluated by the FDA. The MVP(R) Distal Anastomosis Device is not available for use in the United States.

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FOREIGN AND INTERNATIONAL PATENTS

File 350:Derwent WPIX 1963-2006/UD,UM &UP=200635

(c) 2006 The Thomson Corp.

File 347:JAPIO Dec 1976-2005/Dec(Updated 060404)

(c) 2006 JPO & JAPIO

Set	Items	Description
S1	239465	MAGNET OR MAGNETS
S2	7060	GUIDEWIRE? ? OR GUIDE()WIRE? ?
S3	1849818	TUBE OR TUBES OR TUBULAR OR TUBELIKE OR TUBING OR CATHETER? ? OR PIPE OR PIPES OR PIPING
S4	514541	VINCULUM OR VINCULA OR CHORD? ? OR CORD? ? OR STRING OR ST- RINGS OR SUTURE OR SUTURES OR BAND? ?
S5	2897704	FISTULA? ? OR HOLE OR HOLES OR THROUGHOLE? ? OR BYPASS OR PASSAGE? ? OR PATH? ? OR CHANNEL? ? OR DUCT? ?
S6	2856	ANASTOMOS?? OR ANASTAMOS??
S7	1	MAGNETIC()COMPRESSION()ANAST?MOS??
S8	2	S1 AND S2 AND S3 AND S4 AND S5:S6
S9	2	S8 NOT S7 [duplicates]
S10	4107	S1 AND S4
S11	4	S10 AND S6
S12	4	S11 NOT S7:S8
S13	22	S1 AND S6
S14	18	S13 NOT (S7:S8 OR S11)
S15	3	AU='YAMANOUCHE' E'
S16	16	S14 NOT S15
S17	3	S10 AND S2 AND S3
S18	1	S17 NOT (S7:S8 OR S11 OR S13)
S19	446	S10 AND S2:S3
S20	113	S5 AND S19
S21	3425	S1/TI AND S5/TI
S22	13	S20 AND S21
S23	11	S22 NOT (S7:S8 OR S11 OR S13 OR S17)
S24	11	S23 NOT S15
S25	535	S1/TI AND S4/TI
S26	43	S19 AND S25
S27	42	S26 NOT (S15 OR S7 OR S8 OR S11 OR S13 OR S17)
S28	68943	IC=A61B-017?
S29	1	S27 AND S28
S30	22	S1/TI AND S4:S5/TI AND S28
S31	16	S30 NOT (S15 OR S7 OR S8 OR S11 OR S13 OR S17 OR S22 OR S29)

7/7/1 (Item 1 from file: 350)

DIALOG(R)File 350:Derwent WPIX

(c) 2006 The Thomson Corp. All rts. reserv.

010220286 **Image available**

WPI Acc No: 1995-121541/199516

Operative treatment procedure for double intestinal fistula - connecting loops of intestine by
magnetic compression before operating to suture fistula

Patent Assignee: SVERD MED INST (SVMD)

Inventor: ODINAK V M; TSAP N A

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
RU 2018266	C1	19940830	SU 4667035	A	19890327	199516 B

Priority Applications (No Type Date): SU 4667035 A 19890327

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
RU 2018266	C1	4	A61B-017/00	

Abstract (Basic): RU 2018266 C

The procedure consists of forming a magnetic compression
anastomosis by introducing magnetic plates in silicone sheaths into
the feed and return loops of the intestine with the fistulae. Some 3-4
weeks later surgical intervention allows the loops (1,2) with fistulae
to be re-sectioned and the defect to be sutured with a double seam of
catgut and silk.

ADVANTAGE - Improved functional and anatomical sufficiency.

Bul.16/30.8.94

Dwg.4/5

Derwent Class: P31

International Patent Class (Main): A61B-017/00

12/7/2 (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
015596582 **Image available**
WPI Acc No: 2003-658737/200362
Surgical instrument passing method for heart valve replacement, involves
manipulating at least one of permanent magnet , to drive instrument
Patent Assignee: BONUTTI P M (BONU-I); BONUTTI 2003 TRUST-A (BONU-N)
Inventor: BONUTTI P M
Number of Countries: 001 Number of Patents: 002
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
US 20030105474 A1 20030605 US 20015652 A 20011203 200362 B
US 6719765 B2 20040413 US 20015652 A 20011203 200425
Priority Applications (No Type Date): US 20015652 A 20011203
Patent Details:
Patent No Kind Lan Pg Main IPC Filing Notes
US 20030105474 A1 14 A61B-017/04
US 6719765 B2 A61B-017/04
Abstract (Basic): US 20030105474 A1
NOVELTY - The surgical instrument is placed on one side of a
tissue, a magnetic field is established on other side of the tissue. At
least one of the permanent magnet is manipulated, to drive the
surgical instrument.
DETAILED DESCRIPTION - INDEPENDENT CLAIMS are also included for the
following:
(1) suture passer;
(2) surgical instrument.
USE - For passing surgical instrument or suture passer (claimed)
or tissue anchor through the tissue for heart valve replacement and
repair, vessel repair and replacement, hernia repair and anastomosis .
ADVANTAGE - Insertion and removal of the surgical implement is
easily performed by reversing the polarity of the permanent magnet .
DESCRIPTION OF DRAWING(S) - The figure shows a side sectional view
of the medical instrument.
pp; 14 DwgNo 15/20
Derwent Class: P31; S05
International Patent Class (Main): A61B-017/04
International Patent Class (Additional): A61B-017/28

12/7/3 (Item 3 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
008927896 **Image available**
WPI Acc No: 1992-055165/199207
Hollow organ anastomosis - by inserting smaller dia magnet , with
drain tube, in bile duct section, and juxtaposing magnets
Patent Assignee: SVERD MED INST (SVMD)
Inventor: BARYBIN A S; KOZLOV V A; LAGUNOV M V
Number of Countries: 001 Number of Patents: 001
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
SU 1635966 A 19910323 199207 B
Priority Applications (No Type Date): SU 4393984 A 19880317
Abstract (Basic): SU 1635966 A
According to the proposed method, magnet (1) of larger dia. is
swallowed by the patient before the operation. Magnet (2) of smaller
dia. is equipped with central guiding drain tube (3) is inserted into
the section of bile ducts, and is secured around tube (3) with sutures.
Magnet (1) is placed on the site of the intended anastomosis.
Auxiliary thread, connected with tube (3), is passed with a needle
through the intestinal wall, into the magnet (1) opening, and pricked
out on the side of the anastomosis . While pulling the thread, drain
tube (3) is passed into the magnet (1) opening, and magnets (1,2)
are juxtaposed.
Derwent Class: P31

International Patent Class (Additional): A61B-017/00

12/7/4 (Item 4 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
008895470
WPI Acc No: 1992-022739/199203
Left half large intestine two-stage resection - by attaching magnetic rings with electrodes to outer and inner proximal-pt. walls
Patent Assignee: SENYUTOVICH R V (SENY-I)
Inventor: GIL N E; SENYUTOVIC R V
Number of Countries: 001 Number of Patents: 001
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
SU 1629040 A 19910223 SU 4453630 A 19880525 199203 B
Priority Applications (No Type Date): SU 4453630 A 19880525
Abstract (Basic): SU 1629040 A

According to the proposed method, two magnetic rings, with electrodes, are attached to the outer and inner walls of the proximal pt. of the intestine. The end of the cut-off pt. is sutured around the outer ring.

Anastomosis is made in the second stage, when the wounds have healed, by coagulating the wall of the proximal pt. between the magnet electrodes. The magnets are removed through the anus. At the same time, the stump is invaginated into the proximal pt. The stump is taken in with a thread, attached to the electrode, passing through the stoma. The opening at the site of the stoma is covered with a skin flap, and the wound is kept under constant irrigation.

ADVANTAGE - Gives prophylaxis of suture failure on the left pt. of the large intestine, while including the cut-off pts. in the passage. Bul. 7/23.2.91 (2pp Dwg.No.0/0)

Derwent Class: P31

International Patent Class (Additional): A61B-017/00

16/7/7 (Item 7 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
009650218
WPI Acc No: 1993-343768/199343
Retro-duodenal choledochoduodenal anastomosis application - uses leading into abdominal cavity and fixing magnetic elements by thread passed through their holes
Patent Assignee: MOSC FIRST AID RES INST (MOFS)
Inventor: KANSHIN N N; LIPATOV V A; YAKOVLEV S I
Number of Countries: 001 Number of Patents: 001
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
SU 1769863 A1 19921023 SU 4843526 A 19900626 199343 B
Priority Applications (No Type Date): SU 4843526 A 19900626
Patent Details:
Patent No Kind Lan Pg Main IPC Filing Notes
SU 1769863 A1 3 A61B-017/11
Abstract (Basic): SU 1769863 A

Squeezing magnetic elements are led in retro-duodenal section of choledoch and in the lumen of duodenum by using guiding threads. Magnetic elements are fitted with through openings made at the same distance from the ends of the elements. The guiding threads are passed via the openings on which the magnetic elements are lowered into position and then fixed between themselves.

USE/ADVANTAGE - In surgery, for applying choledochoduodenal anastomosis by using magnetic squeezing elements. Prevention of complications due to more accurate adjustment of magnets .

Bul.39/23.10.92

Dwg.0/0

Derwent Class: P31

International Patent Class (Main): A61B-017/11

16/7/8 (Item 8 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
009633217
WPI Acc No: 1993-326766/199341
Choledocho-duodeno- anastomosis method - magnets are introduced in turn into duodenum through mouth then into common bile duct through cholecystoma.
Patent Assignee: SVERD MED INST (SVMD)
Inventor: KOZLOV V A; LAGUNOV M V
Number of Countries: 001 Number of Patents: 001
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
SU 1766383 A1 19921007 SU 4797566 A 19891222 199341 B
Priority Applications (No Type Date): SU 4797566 A 19891222
Patent Details:
Patent No Kind Lan Pg Main IPC Filing Notes
SU 1766383 A1 3 A61B-017/11
Abstract (Basic): SU 1766383 A
Ring-shaped magnets are introduced into the bile duct and duodenum and aligned.
The magnets are introduced in turn into the duodenum through the mouth, then into the common bile duct through a cholecystoma, and 3-4 days later the anastomosis is formed by burning through the tissues within the limits of the aligned rings.
USE/ADVANTAGE - To make a choledocho-duodeno- anastomosis reducing trauma. Bul.36/30.9.92
Dwg.0/0
Derwent Class: P31
International Patent Class (Main): A61B-017/11

16/7/9 (Item 9 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
009405127 **Image available**
WPI Acc No: 1993-098637/199312
Magnetic compression cholecysto-gastric anastomosis - involves introducing magnet attached to catheter through incision in fundus of gall bladder
Patent Assignee: MOSC MED INST NO2 PIROGOV (MOME-R)
Inventor: AVALIANI M V; BALAYKIN A S; SAVELEV V S
Number of Countries: 001 Number of Patents: 001
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
SU 1708313 A1 19920130 SU 4721438 A 19890720 199312 B
Priority Applications (No Type Date): SU 4721438 A 19890720
Patent Details:
Patent No Kind Lan Pg Main IPC Filing Notes
SU 1708313 A1 3 A61B-017/11
Abstract (Basic): SU 1708313 A
The operation is performed endoscopically, making an incision in the fundus of the gall bladder and introducing a magnet fixed to a catheter taken into the cavity of the stomach and through the oropharynx to the exterior. A second magnet is brought down along the catheter into the stomach. The magnets are withdrawn with the drain after forming the anastomosis .
USE/ADVANTAGE - To form a magnetic compression cholecysto-gastro-anastomosis , reducing trauma. Bul. 4/30.1.92
Dwg.1/2
Derwent Class: P31; S05
International Patent Class (Main): A61B-017/11

16/7/10 (Item 10 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
009390440
WPI Acc No: 1993-083919/199310
Surgery technique for ureter structures - consists of resection and

anastomosis via cylindrical magnets matching the ureter interior

Patent Assignee: MOSC MED INST NO2 PIROGOV (MOME-R)

Inventor: KOTLOVSKII A M; STEPANOV E A; VASILEV G S

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 1361753	A1	19920423	SU 3986110	A	19851128	199310 B

Priority Applications (No Type Date): SU 3986110 A 19851128

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
SU 1361753	A1	3	A61B-017/00	

Abstract (Basic): SU 1361753 A

The process comprises resection and anastomosis . To increase performance, compression-type anastomosis is achieved by introduction of a permanent magnet into the distal end of the ureter, on a line passing beyond the ureter and the bladder, and then a second magnet is lowered via the line into the proximal end of the ureter to abut the first and then the magnets are withdrawn after restructuring.

The 5-10 mm. diameter cylindrical magnets correspond to the internal diameter of the anastomosis ends of the ureter. The cavity formed by the hollows on coupling of the magnets is adequate for 5-6 sets of 4/0-6/0 lines providing the stitches. The required contact zone is maintained between the rounded and the hollowed zone of the base, thus not interfering with the anastomosis forming process.

ADVANTAGE - The simplified process reduces operation trauma. Bul.

15/23.4.92

Dwg.0/0

Derwent Class: P31

International Patent Class (Main): A61B-017/00

16/7/11 (Item 11 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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008935379

WPI Acc No: 1992-062648/199208

Ureterocystostomy method - by forming side to side compression anastomosis between ureter wall and bladder submucous-mucous layer using magnets

Patent Assignee: MOSC MED PIROGOV (MOME-R)

Inventor: ISAKOV Y U F; STEPANOV E A; VASILEV G S

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 1277452	A	19910615				199208 B

Priority Applications (No Type Date): SU 3903412 A 19850328

Abstract (Basic): SU 1277452 A

Re-implantation of the distal part of the ureter in the urinary bladder is performed with tunnel anti-reflex protection. The anastomosis is formed on a catheter which is subsequently withdrawn through the cystostomy.

A side to side compression anastomosis is formed using magnets between the wall of the ureter and the submucous-mucous layer of the urinary bladder. The magnetic rings are mounted with a fastening cuff on a ureteral catheter, which is taken through the walls of the organs being joined using a needle. Magnets with a force of interaction of 4.5-7.5 G/mm2 are used at a distance of 1 mm.

USE - To form a ureterocystostomy with minimal trauma to the tissues, thus reducing post-operation complications. Bul. 22/15.6.91.

Dwg.0/0

Derwent Class: P31

International Patent Class (Additional): A61B-017/00

16/7/14 (Item 14 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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003008878

WPI Acc No: 1981-A8885D/198105

Gullet constriction treatment - by passing circular magnets through gullet, and applying necrosis treatment

Patent Assignee: GERASKIN V I (GERA-I)
Inventor: RUDAKOV S S; VASILEV G S
Number of Countries: 001 Number of Patents: 001
Patent Family:
Patent No Kind Date Applicat No Kind Date Week
SU 736966 B 19800530 198105 B
Priority Applications (No Type Date): SU 2673065 A 19781016
Abstract (Basic): SU 736966 B

The gullet short striction treatment method includes removal of part of the organ with its subsequent passage restoration. To prevent operation complications and to reduce the treatment period, circular magnets are moved into the gullet. They are then displaced to the gullet narrowed section. The narrowed section is pressed and after its selective necrosis the magnets are removed. The magnets are displaced by means of threads. On the second day of treatment the patient is allowed to take liq. through the mouth. The stitchless anastomosis quality is higher than the traditional stitch anastomosis . Bul.20/30.5.80.

Derwent Class: P31; S05
International Patent Class (Additional): A61B-017/00

18/7/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
008259972 **Image available**
WPI Acc No: 1990-146973/199019

Method of retrograde tracheal int -
has balloon introducer and endotracheal tube threaded through oral
pharynx through glottal opening

Patent Assignee: BALLEW D H (BALL-I)
Inventor: BALLEW D H
Number of Countries: 001 Number of Patents: 001
Patent Family:

Patent No Kind Date Applicat No Kind Date Week
US 4913139 A 19900403 US 89308850 A 19890209 199019 B
Priority Applications (No Type Date): US 89308850 A 19890209
Abstract (Basic): US 4913139 A

The method of translaryngeal retrograde tracheal intubation employs a guide wire (30) having flexible configurations on both ends. A superior end (34) having a magnet (33) for cooperation with a magnetic retrieval device. A balloon introducer (10) for insertion into a standard endotracheal tube (20) such that after threading the superior end of the orally retrieved guide wire through the tip of the introducer and out the distal end of the endotracheal tube . The endotracheal tube and introducer may be threaded through the oral pharynx (60) through the glottic opening (64), and the vocal chords (67) with minimal trauma to surrounding tissue.

The interior end (32) of the guide wire is not retained at the insertion site, but is instead advanced inferiorly entirely into the tracheal for anchoring in the tracheal tree, followed by guided insertion of an endotracheal tube with a cooperating introducer to minimize wandering of the tube upon the guide wire .

USE - For establishing an emergency airway which does not require physician skilled in endotracheal intubation.

Dwg.6b,6d/
6f

Derwent Class: P34
International Patent Class (Additional): A61M-015/00

29/7/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
014283128 **Image available**
WPI Acc No: 2002-103829/200214

Suture device in surgery, has puncture units opened and closed by rod which is inside inner pipe , and magnet in secondary thread holder absorbs primary thread holder and lesion hole is sutured with a thread
Patent Assignee: IMPRESSED KK (IMPR-N); KATO H (KATO-I)

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
JP 2001353163	A	20011225	JP 2000179016	A	20000614	200214 B

Priority Applications (No Type Date): JP 2000179016 A 20000614

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
JP 2001353163	A		8	A61B-017/24	

Abstract (Basic): JP 2001353163 A

NOVELTY - Puncture units (1,5) are opened and closed by rod. Rod is inserted into inner pipe. Primary thread holder (2) is formed inside the puncture unit (1). Magnet in secondary thread holder (8) absorbs the primary thread holder (2). Both the puncture units approach together and lesion hole is sutured with a thread.

USE - In surgery.

ADVANTAGE - Enables to stitch the hole simply and rapidly with thread. Also prevents apply of physical load to patient.

DESCRIPTION OF DRAWING(S) - The figure shows the detailed views of the puncture units attached to stitching device.

Puncture units (1,5)

Primary thread holder (2)

Secondary thread holder (8)

pp; 8 DwgNo 3/10

Derwent Class: P31

International Patent Class (Main): A61B-017/24

International Patent Class (Additional): A61B-017/00 ; A61B-017/06 ; A61B-017/12

31/7/9 (Item 9 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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011492680 **Image available**

WPI Acc No: 1997-470593/199743

Percutaneous arterio-venous fistula catheter system - uses one venous and one arterial catheter, each carrying permanent magnets which aid alignment at target site and electrosurgical electrode for creating fistula

Patent Assignee: BETH ISRAEL DEACONESS MEDICAL CENT (BETH-N); COHN W E (COHN-I); KIM D (KIMD-I); TRANSVASCULAR INC (TRAN-N); BETH ISRAEL HOSPITAL ASSOC INC (BETH-N)

Inventor: COHN W E; KIM D

Number of Countries: 021 Number of Patents: 009

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 9733522	A1	19970918	WO 97US2800	A	19970221	199743 B
AU 9719697	A	19971001	AU 9719697	A	19970221	199805
US 5830224	A	19981103	US 96616588	A	19960315	199851
EP 889705	A1	19990113	EP 97907789	A	19970221	199907
			WO 97US2800	A	19970221	
JP 11512640	W	19991102	JP 97532616	A	19970221	200003
			WO 97US2800	A	19970221	
US 6099542	A	20000808	US 96616588	A	19960315	200040
			US 98134995	A	19980817	
US 6669709	B1	20031230	US 96616588	A	19960315	200402
			US 98134995	A	19980817	
			US 2000545168	A	20000406	
			US 2001960003	A	20010921	
JP 3493464	B2	20040203	JP 97532616	A	19970221	200410
			WO 97US2800	A	19970221	
US 20040236360	A1	20041125	US 96616588	A	19960315	200478
			US 98134995	A	19980817	
			US 2000545168	A	20000406	
			US 2001960003	A	20010921	
			US 2003714060	A	20031114	

Priority Applications (No Type Date): US 96616588 A 19960315; US 98134995 A 19980817; US 2000545168 A 20000406; US 2001960003 A 20010921; US 2003714060 A 20031114

Cited Patents: US 4874360; US 5087256; US 5353807

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 9733522 A1 E 72 A61B-017/32
Designated States (National): AU CA JP
Designated States (Regional): AT BE CH DE DK ES FI FR GB GR IE IT LU MC
NL PT SE
AU 9719697 A A61B-017/32 Based on patent WO 9733522
US 5830224 A A61B-017/32
EP 889705 A1 E A61B-017/32 Based on patent WO 9733522
Designated States (Regional): DE FR GB NL
JP 11512640 W 83 A61M-025/00 Based on patent WO 9733522
US 6099542 A A61B-017/32 Div ex application US 96616588
Div ex patent US 5830224
US 6669709 B1 A61B-017/32 Div ex application US 96616588
Div ex application US 98134995
Cont of application US 2000545168
Div ex patent US 5830224
Div ex patent US 6099542
JP 3493464 B2 28 A61M-025/00 Previous Publ. patent JP 11512640
Based on patent WO 9733522
US 20040236360 A1 A61B-017/32 Div ex application US 96616588
Div ex application US 98134995
Cont of application US 2000545168
Cont of application US 2001960003
Div ex patent US 5830224
Div ex patent US 6099542
Cont of patent US 6669709

Abstract (Basic): WO 9733522 A

The system comprises a tube having fixed axial length with discrete proximal and distal ends, having at least one internal lumen of predetermined volume with a cutting tool (80) The distal end has a tapered tip end (96), with a vascular wall perforation member (98) and a magnet device (100A,B), having an active electrosurgical electrode (114). The electrode rides on a shaped track (110) whose central section brings the electrode tip into contact with the vein wall through an opening (112) in the catheter wall.

The return electrode (230) lies between the arterial catheter's magnets (228A,B). The catheters are introduced into the selected vessels in opposition until their magnets pull the electrodes into alignment. A fistula between the vessels is created by applying electrosurgical energy as the active electrode is moved over its track.

ADVANTAGE - The system allows arteriovenous fistulae to be created without surgery at sites not suitable for surgical intervention, with reduced infection risk. It facilitates identification of suitably adjacent blood vessels, removing the need for dissection and so preserving the vasa vasorum. (Amended Abstract Week 9743, Reissued week 9745)

Dwg.25/26

Derwent Class: P31; P34

International Patent Class (Main): A61B-017/32 ; A61M-025/00

31/7/14 (Item 14 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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004300649

WPI Acc No: 1985-127527/198521

Perineal artificial anal passage formation - by positioning magnetic ring with coaxial magnets in cavity of pelvis minor

Patent Assignee: FEDOROV V D (FEDO-I)

Inventor: ODARYUK T S; RYKOV V I

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 1123650	A	19841115	SU 3447151	A	19820526	198521 B

Priority Applications (No Type Date): SU 3447151 A 19820526

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
SU 1123650	A		2		

Abstract (Basic): SU 1123650 A

After rectal extirpation, a magnetic ring (1) with three coaxial magnets (4,5) is set in the pelvic cavity, with middle magnet middle

magnet magnetised radially and end magnets axially. Ring (1) has a perforated flange and perforated funnel (8) and is fixed in the surrounding tissues above the ischial tubers. The musculus levator ani stump is sutured to the flange and the surrounding fatty tissue, ischial bone and sacrum periosteum are sutured to funnel (8), then the large intestine brought down and taken through ring (1) and a colostomy formed and closed by magnetic plug.

USE - To increase the reliability of the colostomy in artificial and passage formation. Bul.42/15.11.80 (2pp Dwg.No.1/1)

Derwent Class: P31; S05

International Patent Class (Additional): A61B-017/00

12/26, TI/1 (Item 1 from file: 350)

DIALOG(R) File 350: Derwent WPIX

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017625994

WPI Acc No: 2006-137250/200614

Surgical end-to-end anastomotic stapler for suture, uses two magnetic elements including magnet and magnetically permeable element positioned on stapler head and anvil for magnetically coupling anvil to stapler head through tissue layers

16/26, TI/2 (Item 2 from file: 350)

DIALOG(R) File 350: Derwent WPIX

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015570141

WPI Acc No: 2003-632298/200360

Anastomosis apparatus for organ, e.g. intestines, of human body, has balloon that supports the moving magnet when expanded to prevent the moving magnet from being drawn towards the stationary magnet

16/26, TI/4 (Item 4 from file: 350)

DIALOG(R) File 350: Derwent WPIX

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011111136

WPI Acc No: 1997-089061/199709

Device for forming anastomosis between adjacent abdominal viscera - includes first magnet placed within first viscera and second larger magnet placed within second viscera, with raised rim of smaller magnet acting as fine cutting edge to accelerate process of ischaemic necrosis

16/26, TI/5 (Item 5 from file: 350)

DIALOG(R) File 350: Derwent WPIX

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011066206

WPI Acc No: 1997-044130/199705

Arterio-venous shunt with control and two anastomosis extensions - has magnet or encased magnet made of inert tissue material

16/26, TI/12 (Item 12 from file: 350)

DIALOG(R) File 350: Derwent WPIX

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008211403

WPI Acc No: 1990-098404/199013

System for anastomosis of digestive tract - has U-shaped retainers disposed around annular groove in outer periphery of support tube

16/26, TI/13 (Item 13 from file: 350)

DIALOG(R) File 350: Derwent WPIX

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007961239

WPI Acc No: 1989-226351/198931

Intestinal anastomosis device - featuring facing each other bush surfaces with needles in diamagnetic material

24/26, TI/4 (Item 4 from file: 350)

DIALOG(R) File 350: Derwent WPIX

(c) 2006 The Thomson Corp. All rts. reserv.

014283128

WPI Acc No: 2002-103829/200214

Suture device in surgery, has puncture units opened and closed by rod which is inside inner pipe , and magnet in secondary thread holder absorbs primary thread holder and lesion hole is sutured with a thread

31/26, TI/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
017305739

WPI Acc No: 2005-629371/200564
Self-operated mini therapeutic device for venous thrombus prophylaxis, has air cushion with magnets , and air passages whose mouth is connected to diverting valve of control circuit via pipes

31/26, TI/3 (Item 3 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
016216912

WPI Acc No: 2004-374800/200435
System for tightening pyloric sphincter and/or mediating relaxation of stomach muscles in the treatment of e.g. obesity or biliary reflux comprises an operative device adopted to ablate tissue; magnets ; or tissue constricting band

31/26, TI/12 (Item 12 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
008790840

WPI Acc No: 1991-294855/199140
Magnetic positioner arrangement - has first magnet positioned at location of screw hole in rod

31/26, TI/16 (Item 16 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2006 The Thomson Corp. All rts. reserv.
004172001

WPI Acc No: 1984-317540/198451
External intestinal fistula closing method - introducing ferromagnetic liquid, obturating orifice with porous material and applying ring magnet to it